

STAFF

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(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
Sep 2009		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A)	(B)	(C)	(D)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(2) DATE	TIME							COST OF TRANS.	TYPE USE	CARFARE, TOLLS, PARKING	MILES	PRIVATE CAR USE AMOUNT		
												\$0.00		\$0.00
9/29	1500 2400	Sac/San Francisco/Sac								\$8.00	186	\$102.30		\$110.30
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
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												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
(10) SUBTOTALS										\$8.00	\$186	102.3		\$110.30

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL	\$	\$110.30
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
Gap Inc. Leadership Initiative Summit Opening Event		(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289	
		(14) MILEAGE RATE CLAIMED	
		AGENCY ACCOUNTING OFFICE USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER \$0.55	
THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.			
(15) CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE